File with: lowa Ethics and Campaign Displosure Board 510 E. 12th, Sta. 1A Des Moines, lowa 50319 Fax: 515-281-4073





2008 JUL 16 AM 11: 04

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

	DISCLOSURE S				
OMMITTEE NAME (Must be sam					
nderson for Supervisor Comm		•		FORM	
PORTANT: Indicate by # type of com)Statewide/Legislative/Judge Standir)County Central Committee (5)County bdivision Candidate (5)County PAC) Local Ballot tasue	to the Determine Assessment to the	RIE PAC (3)State Party (7)School Board or Other Politi d or Other Political Supdivision PA	R C (FO	DR-2 lev. 07/2007) r Offico Use On	
ANDIDATE COMMITTEES ONLY	/ ;			mm.#	
andidate Name Roger E. Anderson		Political Party (if applicable) Democrat	Sc	anned	
Tice Sought Emmot County Supervisor		District (if Senate or House)			
NATURE OF PERSON FILING F		712-31-2-739 TELEPHONE		7/15/6 DATE SI	
(report de	ate)	Indicate by	# 1		
HECK IF AMENDMENT TO REF	PORT DATED		Local Comm	nittees, enter Dat	o of Floation
Check if this is final (termination) in (You must continue to file n	report and attach Notice of Dis aports until a DR-3 is filed.)	scolution Form DR-3.	1	ocal Committees, on is held	enter County in
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(for Schedule A)

CONTRIBUT	ions, See Back of I FIONS MONEY TA ding candidate's personal f	KEN IN		
	NAME (Must be sements Supervisor Committee	es on Statement of Organization)	CHECK THIS B AMENDING FO	IOX IF
DIATE CANDIDATE COMPANY OF BRUZOLOSKE	ATES NOTE: IF A CONTR TE PAC CHECK NUMBER IN DARD.	IBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA E	PAC IDENTIFICATION	ON NGN
OTE: ANY PE	RSON, OTHER THAN A	I INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN N		
CAUTION: Sec	clion 68B 32A(8), probil	its the use of information and decrease	tributions or for a	nu
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	name than statutory political committees. NAME AND ADDRESS OF CONTRIBUTOR RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FO FUNC RAISE
	ID#	Roger E. Anderson	<u> </u>	INCOM
/30/08	CK#	221 W. 4 St. N. self Estherville, Iowa 51334	\$50.00	<u> </u>
	ID#	Estherville, Iowa 51334		
	CK#	The state of the s		
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		SUB-TOTAL		
		TOTAL (if last page of this schedule)	\$ 50.00	
		is to disclose the relationship of any relative making a contribution to the	\$ 50.00	

FOR INST	RUCTIONS	SEE BACK	OF	EAD!

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF AMENDING FORM			

COMMITTEE NAME (Must be same a	s on Statement of Organization)
Anderson for Supervisor Committee	

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06/30/08	ID# CK#	lowa Campaign Ethics Board	Penalty for Late report	\$ 20.00
	ID#			
	ID# CK#			
			SUB-TOTAL TOTAL (if last page of this schedule	7 20.00

		WITTEES ONLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

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